



FILE NUMBER

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF SOLID WASTE MANAGEMENT
USED OIL INSTALLATION REGISTRATION AND NOTIFICATION

FORM HN - O

THIS FORM IS USED TO REGISTER NEW USED OIL FACILITIES OR FOR ANY EXISTING BUSINESS TO NOTIFY THE STATE OF ANY INFORMATIONAL UPDATE CONCERNING USED OIL ACTIVITY ON FILE.

FACILITY TYPE (CHECK ALL THAT APPLY) ☐ USED OIL TRANSPORTER ☐ COLLECTION CENTER ☐ USED OIL PROCESSOR / RE-REFINER
☐ USED OIL TRANSFER FACILITY ☐ USED OIL MARKETER ☐ OFF-SPEC USED OIL BURNER

USED OIL REG NUMBER EPA ID NUMBER

SITE OR BUSINESS NAME

PART 1 - PHYSICAL LOCATION (DO NOT USE PO BOX NUMBERS)

STREET, ROAD, OR DIRECTIONS TO YOUR SITE		CITY	STATE	ZIP
PHONE	FAX	E-MAIL	COUNTY	

PART 2 - MAILING ADDRESS

SEND MAIL TO THE ATTENTION OF	MAIL ADDRESS	CITY	STATE	ZIP
FOR FOREIGN MAILING ADDRESSES PROVIDE:	FOREIGN PROVINCE	FOREIGN MAIL CODE	COUNTRY	

PART 3 - BUSINESS OWNER ADDRESS

OWNER NAME AND TITLE	ADDRESS	CITY	STATE	ZIP
FOREIGN PROVINCE	FOREIGN MAIL CODE	COUNTRY		
PHONE	FAX	E-MAIL		
*OWNER CODE AND LAND CODE - SELECT FROM THIS LIST: Federal (F); State (S); Private (P); Indian (I); County (C); Municipal (M); District (D); Other (O)		DATE OWNERSHIP BEGAN	*OWNER CODE	*LAND CODE

PART 4 - BUSINESS OR SITE MANAGER

NAME AND TITLE	ADDRESS	CITY, STATE, ZIP
PHONE	FAX	EMAIL

PART 5 - SITE TECHNICAL CONTACT


NAME AND TITLE	ADDRESS	CITY, STATE, ZIP
PHONE	FAX	EMAIL


PART 6 - SITE EMERGENCY CONTACT

NAME AND TITLE	ADDRESS	CITY, STATE, ZIP
PHONE	FAX	EMAIL

(IDENTIFY USED OIL ACTIVITY AT THIS SITE - CHECK ALL THAT APPLY)

COLLECTION CENTER	TRANSPORTER	MARKETER	OFF SPEC BURNER	PROC / RE-REFINER
<input type="checkbox"/> DO-IT-YOURSELF	<input type="checkbox"/> TRANSPORT ONLY	<input type="checkbox"/> DIRECTS SHIPMENTS OF USED OIL TO BURNER	<input type="checkbox"/> UTILITY BOILER	<input type="checkbox"/> PROCESS ONLY
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> TRANSFER FAC ONLY		<input type="checkbox"/> INDUSTRIAL BOILER	<input type="checkbox"/> PROCESS AND RE-REFINE
<input type="checkbox"/> BOTH COMMERCIAL AND DO-IT-YOURSELF	<input type="checkbox"/> TRANSPORT AND TRANSFER	<input type="checkbox"/> FIRST CLAIMS THE USED OIL IS ON-SPEC	<input type="checkbox"/> INDUSTRIAL FURNACE	<input type="checkbox"/> RE-REFINE ONLY

RETURN COMPLETED FORMS TO:  TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF SOLID WASTE MANAGEMENT
WASTE ACTIVITY AUDIT SECTION 401 CHURCH STREET, FIFTH FLOOR L & C TOWER NASHVILLE, TN 37243-1535

FOR MORE INFO OR ASSISTANCE:  CONTACT Nina Vo at 615-532-9268 OR FAX TO: 615-532-0886.
VIEW OUR WEBSITE AT: <http://www.state.tn.us/environment/swm/>

CERTIFICATION

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION ACCORDING TO A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THIS REPORTING SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THIS INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT OR BOTH FOR KNOWING VIOLATIONS.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

PRINTED NAME

TITLE

DATE

BELOW IS FOR DEPARTMENTAL USE ONLY

DATE RECEIVED	RECEIVED BY	DATE CLOSED	DATE REGULATED	DATE DE-REGULATED

COUNTY CODE	PRIORITY	GENERATOR	SMALL GENERATOR	SPECIAL STATUS
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

COMMENTS